



# BINGHAMTON TENNIS CENTER SUMMER CAMP REGISTRATION

By completing this form you acknowledge that you're giving up certain legal rights and hereby represent and warrant to the Binghamton Tennis Club: (1) You are over the age of majority in your jurisdiction of residence. (2) You are registering on behalf of a minor and are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf.

CAMPER INFORMATION		
LAST NAME:	LEGAL FIRST NAME:	GENDER:
HOME PHONE:	DOB AND AGE:	CELLPHONE:
ADDRESS:	CITY, STATE:	ZIP CODE
EMAIL:		RELATIONSHIP:

MAIN CONTACT		
LAST NAME:	LEGAL FIRST NAME:	GENDER:
HOME PHONE:	WORK PHONE:	CELLPHONE:
ADDRESS:	CITY, STATE:	ZIP CODE
EMAIL:		RELATIONSHIP:

SECOND CONTACT/ALTERNATE		
LAST NAME:	LEGAL FIRST NAME:	GENDER:
HOME PHONE:	WORK PHONE:	CELLPHONE:
ADDRESS:	CITY, STATE:	ZIP CODE
EMAIL:		RELATIONSHIP:

EMERGENCY PICK UP OR ALTERNATE PICK UP		
LAST NAME:	LEGAL FIRST NAME:	RELATIONSHIP:
HOME PHONE:	WORK PHONE:	CELLPHONE:

\* This is a person over the age of 16 who is authorized to pick up your child and can be contacted by BTC staff when the parent/guardian can't be reached.

Campers 11 years old and under must be signed in and signed out by a parent/guardian or a person over the age of 16. If your child is 12 or older, does she/he have your permission to be released on their own at the end of their camp day?  YES  NO

Signature: \_\_\_\_\_

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?  YES  NO

If yes, Binghamton Tennis Center will contact you for additional information.

Please select t-shirt size: **Youth** S M L **Adult** S M L XL

**CAMP INFORMATION:** Camp descriptions can be found at [tennisctr.com/summer-tennis](http://tennisctr.com/summer-tennis)

CAMPS	6/26-6/30	Add on week 7/5-7/7	7/10-7/14	7/17-7/21	7/24-7/28	7/31-8/4	8/7-8/11	8/14 - 8/18	8/21 - 8/25	8/28 - 9/1
Hot Shots per week	<input type="checkbox"/> \$40	Not offered	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40
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Challengers per week or per day	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$60 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52
Aces per week or per day	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$60 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52
Select Academy per week or per day	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$60 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52	<input type="checkbox"/> \$205 <input type="checkbox"/> \$52

If by day, circle day(s) M T W Th F M T W Th F M T W Th F M T W Th F M T W Th F M T W Th F M T W Th F M T W Th F M T W Th F

**ARRIVAL /PICK UP TIME:** All children should arrive 10-minutes prior to the start of the camp session. This will allow enough time for check-in and equipment preparation. Please plan to pick up your child no later than 10 minutes after the conclusion of the camp session. Unfortunately, we are not staffed to provide extended supervision.

**WHAT TO BRING:** Campers are encouraged to bring: their own racket, hat, sunscreen, water and a snack. Please make sure your camper’s name is on their items. Loan rackets are available for anyone in need. Most morning camp sessions are taught indoors. Afternoon sessions are frequently held outdoors. Proper footwear with non-marking soles and athletic clothes should be worn. Vending machines are available on-site.

**STUDENT TO INSTRUCTOR RATIOS:** All camp sessions will be taught by one of our certified Assistant tennis professionals. Camps are filled with a 6:1 student to instructor ratio. Junior professionals and camp assistants will help with larger groups.

**MEDICAL RELEASE INFORMATION**

INSURANCE INFORMATION		
POLICY NUMBER:	NAME OF HEALTH INSURANCE PROVIDER:	
PRIMARY PHYSICIAN:		
ADDRESS:	CITY, STATE:	ZIP CODE
PHONE:	HOSPITAL PREFERENCE:	

Does your child have any medical or behavioral conditions that we should be aware of?

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Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason including maintenance medication (i.e. diabetic, asthma, seizures)?

YES  NO If yes, please explain: \_\_\_\_\_

**ALLERGIES:** Please put N/a if your child does not have an allergy

Food: \_\_\_\_\_  
 Medication: \_\_\_\_\_  
 Insect: \_\_\_\_\_  
 Seasonal: \_\_\_\_\_  
 Other: \_\_\_\_\_

Does your child require an Epi-pen?  YES  NO

If yes, you must provide the BTC with an Epi-pen to be kept at camp during your child’s enrollment. Epi-pen must be accompanied with a current prescription and a doctor’s note.

## TERMS OF AGREEMENT

**CODE OF CONDUCT:** The safety of each individual in the program is of the utmost importance to the BTC. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by BTC staff. I hereby agree that any behavior of the registrant that places him/herself or others at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, the BTC reserves the right to alter the program at any time without notice or compensation to the Registrant.

**I have read and understand the Code of Conduct.**

**Parent/guardian initials:** \_\_\_\_\_

### PHOTO RELEASE:

I, \_\_\_\_\_, the parent of a child/children at Binghamton Tennis Center (BTC) agree to the following: I understand that my child(ren) whose name(s) are listed below may be photographed at BTC during posted camp times and activities. I understand that these photographs may be used in promoting the BTC, either in print or on the Internet.

The child(ren) are known as: \_\_\_\_\_  
With my signature I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the BTC. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

**Parent/guardian initials:** \_\_\_\_\_

### MEDICAL EMERGENCY:

In the event of an accident, injury or illness involving the registrant, and immediate contact by the BTC with a designated contact cannot be made, I hereby authorize and grant permission to BTC staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the BTC responsible for any costs or injury arising out of an emergency situation.

**Parent/guardian initials:** \_\_\_\_\_

### REFUND POLICY:

Members wishing to obtain a refund must request so in person. Binghamton Tennis Center will issue a refund for any camp, clinic/program canceled due to low enrollment. Applications for refunds of camps, clinics/programs will only be accepted for documented medical conditions. Refunds may be prorated based on attendance. Otherwise, no refunds will be issued. For more information, contact the Binghamton Tennis Center at 607-777- 3491.

**Parent/guardian initials:** \_\_\_\_\_

### DISCLAIMER:

All camp programs are subject to change or cancellation due to low enrollment or other unforeseen circumstances that are prohibitive to the operation of the program. The BTC is not responsible for lost or damaged personal property.

**Parent/guardian initials:** \_\_\_\_\_

### REGISTRATION AGREEMENT:

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the Acknowledgment of Risk and Informed Consent, Code of Conduct, Photo Release, Medical Emergency Statement, Refund Policy and Disclaimer.

**Date:** \_\_\_\_\_ **Camper name:** \_\_\_\_\_

**Name of parent/guardian (print):** \_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_



## Binghamton Tennis Center Risk Statement

The following statement is to be read carefully by individuals who are enrolled in and/or participating in activities supervised by the staff of the Binghamton Tennis Center (BTC), Binghamton Auxiliary Services Corporation Mill Street, LLC (BASC Mill Street LLC). This consent will be binding on future registrations even if this form is not filled out upon renewal. If there is a change in a user's fitness level or health, it is the user's responsibility to inform BTC management prior to any participation.

### ACKNOWLEDGEMENT OF RISK:

I, \_\_\_\_\_, am voluntarily agreeing to participate in activities sponsored by the Binghamton Tennis Center (BTC) or Binghamton Auxiliary Services Corporation Mill Street, LLC (BASC Mill Street LLC). Certain activities require minimum levels of fitness, ability and health (physical, mental and emotional) and each person has a different capacity for participation in these activities. Participants are responsible for consulting a physician before starting any exercise program or physical activity.

I understand that fitness and physical activities involve significant and inherent risks such as serious injury and even death. I understand that these types of injuries may result from one's own actions or the actions of others, or a combination of both. I understand and appreciate that there are a number of inherent risks involved that are beyond the control of the sponsoring agency and its staff. I fully understand and accept all risks associated with participation in this activity.

### INFORMED CONSENT:

I, \_\_\_\_\_, agree to abide by all of the posted & distributed rules, regulations, guidelines and verbal instructions as presented by the BTC staff, instructors or volunteers associated with the organization. All facilities and/or equipment should only be used for its intended purpose. Modification of equipment or use of broken equipment is strictly prohibited. Any staff, instructor or volunteer may exclude from participation any participant who, in their judgment, has seriously impaired the ability of others to achieve the intended purpose or objectives of the class or activity.

I agree that Binghamton Tennis Center, BASC Mill Street LLC, its employees, and its agents shall not be liable for injury to users' person or loss or damage to users' personal property arising from or in any way resulting from the users' participation in these activities, unless such an injury is caused by the negligence of the Binghamton Tennis Center, BASC Mill Street LLC, its employees, or its agents while acting within the scope of their duties.

I understand that in the event of a serious medical emergency, I give permission to a Binghamton Tennis Center representative to seek emergency medical treatment for me even in the event that I am unconscious or otherwise cannot consent. I agree to accept financial responsibility for all medical treatment, rescue and related transportation.

In registering as a participant of and in consideration of being permitted by the Binghamton Tennis Center, BASC Mill Street LLC, to participate in activities offered by BTC, I agree that my name and/or picture MAY be used to promote Binghamton Tennis Center events and activities. I also am advised that the activity is conducted in a public place and I may be photographed. I release BTC and BASC Mill Street LLC from all forms of claims relating to the use of my name and picture.

I HAVE CAREFULLY READ AND CONSIDERED THIS INFORMATION AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING CERTAIN RIGHTS that I may have otherwise, and enter into this contract on behalf of myself and my family in consideration of being permitted to participate in Binghamton Tennis Center activities/programs.

I, attest all information submitted by me is true and accurate to the best of my knowledge. I fully understand submitting misrepresented information, failing to disclose significant information, emitting facts, and/or falsifying documents may result in serious personal injury, death, university judicial and/or legal action against me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For participants under the age of 18 years old, signature of parent or guardian: \_\_\_\_\_

## Physical Activity Readiness Questionnaire (PAR-0) and You

Regular physical activity is fun and healthy, and more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, you should check with your doctor prior to starting any exercise program.

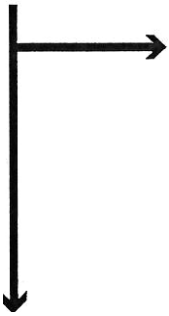
Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

Check **YES** or **NO**

**YES** **NO**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition <b>OR</b> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past year, have you had chest pain when you were not doing physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever lost balance because of dizziness or have you ever lost consciousness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <b>any other reason</b> why you should not do physical activity?  |

If you answered:



### YES to one or more questions

Talk to your doctor by phone or in person **before** you start becoming much more physically active or **before** you have a fitness appraisal. Tell your doctor about the PAR-0 and which questions you answered **YES**.

- You may be able to do any activity you want- as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

### NO to all questions

If you answered **NO** honestly to **all** PAR-0 questions, you can be reasonably sure that you can:

- start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

### DELAY becoming much more active:

- if you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel **better**; **or**
- if you are or may be pregnant- **t a l k** to your doctor before you start becoming more active

**Informed use of the PAR-Q:** Binghamton Tennis Center, BASC Mill Street LLC, and its agents assume no liability for persons who undertake physical activity. If in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**Please note:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For participants under the age of 18 years old:

Signature of parent or guardian: \_\_\_\_\_

Witness: \_\_\_\_\_